

The Courtyard Clinic

Physical
Health



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- Back, Neck & Shoulder pain
- Joint & Muscle Injuries
- Headaches
- Arthritis
- Rib Pain
- Sports Injuries

Podiatry/Chiropody

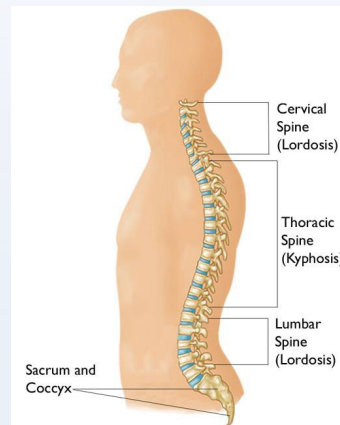
- Toenail Problems
- Corns & Callouses
- Verrucae
- Diabetic Foot Checks
- Foot Odour
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Our spine is made up of lots of bones (vertebrae) stacked up on top of each other. This provides support and stability for upright posture, flexibility and mobility for movement and also protects our spinal cord which runs via a canal through the middle of the vertebrae.



As part of normal posture our spine has areas of forward and backward bending. Postural areas of forward bending are known as 'Kyphosis', as is seen normally in our thoracic spine (middle back). Areas of postural backward bending are known as 'Lordosis', as seen in our cervical spine (neck) and lumbar spine (low back).

This natural curvature of the spine is important for balance, movement and distribution of force. Mild variations in these curves are normal and usually symptom free, but more severe changes can cause pain, limit flexibility, and impede other body functions as well.

Although the thoracic spine should have a natural kyphosis, postural or structural abnormalities can result in a curve that is outside normal range. While the medical term for a curve that is greater than normal is 'hyperkyphosis', the term 'kyphosis' is commonly used to refer to the clinical condition of excessive curvature in the thoracic spine that leads to a rounded upper back.

Kyphosis can affect patients of all ages but is common during adolescence.

There are several types of kyphosis. The three that most commonly affect children and adolescents are:

- Postural kyphosis
- Scheuermann's kyphosis
- Congenital kyphosis

Postural Kyphosis

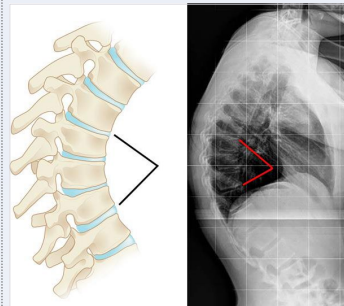
Postural kyphosis, the most common form, usually becomes noticeable during adolescence. It is often noticed simply as slouching, but is not associated with severe structural abnormalities of the spine.

The curve is typically round and smooth and can often be corrected by the patient when he or she is asked to "stand up straight."

Postural kyphosis is more common in girls than boys. It is rarely painful and, because the curve does not progress, it does not usually lead to problems in adult life.

Scheuermann's Kyphosis

Scheuermann's kyphosis is named after the Danish radiologist who first described the condition. Like Postural kyphosis, it often becomes apparent during the teen years and can result in a significantly more severe deformity than postural kyphosis.



It is caused by a structural abnormality in the spine. X-rays will show that, rather than the normal rectangular shape, several consecutive vertebrae have a more triangular shape. This irregular shape causes the vertebrae to wedge together toward the front of the spine, decreasing the normal disk space and creating an exaggerated forward curvature in the upper back.

The curve caused is usually sharp and angular. It is also stiff and rigid and will not be altered by standing up straight. The condition is more common in boys than girls and stops progressing once growing is complete.

This type of kyphosis can sometimes be painful. Activity can make the pain worse, as can long periods of standing or sitting.

Congenital Kyphosis

Congenital kyphosis is present at birth. It occurs when the spinal column fails to develop normally while the baby is in utero. The bones may not form as they should or several vertebrae may be fused together. Congenital kyphosis typically worsens as the child ages.

Patients with this disorder often need surgical treatment at a very young age to stop progression of the curve. Many times, these patients will have additional birth defects that impact other parts of the body such as the heart and kidneys.

Common Symptoms

The signs and symptoms of kyphosis vary, depending upon the cause and severity of the curve. Mild forms are usually limited to:

- Rounded shoulders
- A visible hump on the back
- Mild back pain and stiffness
- Fatigue

Rarely, more severe curves may lead to:

- Weakness and/or tingling in the legs
- Shortness of breath or other breathing difficulties

Treatment

In mild cases treatment is generally unnecessary and problems will often resolve with maturity and strengthening of the spine with activity. Sitting down for extended periods at a desk, carrying heavy backpacks and a lack of exercise can aggravate this condition. Therefore regular movement throughout the day, a good quality backpack used without overloading and regular exercise will generally see mild problems resolve.

Moderate cases can be treated with physical therapies (including Osteopathy & Physiotherapy) which will use techniques to integrate mobility of the spine, balance muscle tone and recommend strengthening and flexibility exercises.

Severe cases may require bracing and/or surgical intervention, but this will usually be a last resort.

The Courtyard Clinic - Osteopathy, Physiotherapy, Massage Therapy, Podiatry/Chiropody



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